NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI MS State Department of Health

MS State Department of Health c/o Sam Dawkins	Specific Legal Authority Authorizing the promulgation of Rule: Missississippi Code Section 41-7-185	
P. O. Box 1700	of Rule. Missississippi Code Section 41-7-105	
Jackson, MS 39215-1700		
(601)-576-7874	Reference to Rules repealed, amended or suspended by the Proposed Rule: Mississippi Department of Health – Certificate of Need	
Telephone Number		
Sam.Dawkins@msdh.state.ms.us		
Email Address	<u>Manual (May 13, 2000)</u>	
Explanation of the Purpose of the Proposed Rule and	d the reason(s) for proposing the rule:	
	ealth Certificate of Need Manual to reflect statutory changes in	
	41-7-173 through 41-7-209], update office titles in department,	
change program fee structure, including addition of fees	s, and make non-substantive changes.	
This rule is proposed as a ☑ Final Rule, and/or a □ Ten	nporary Rule (Check one or both boxers as applicable.)	
Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.		
Oral Proceeding (Check one box below):		
✓ An oral proceeding is scheduled on this ru	ale on Date: 07/06/2006 at Time: 10:00 a.m. at	
	lealth, Osborne Building, Room 150,570 East Woodrow Wilson,	
Jackson, Mississippi 39215,		
If you wish to be heard and present evider	nce at the oral proceeding you must make a written request	
	five (5) days prior to the proceeding to be placed on the	
	name, address, telephone number as well as other contact	
information; and if you are an agent or atte	orney, the name, address and telephone number of the party	
or parties you represent.		
☐ An oral proceeding is not scheduled on thi	is rule. Where an oral proceeding is not scheduled, an oral proceeding	
	proceeding is submitted by a political subdivision, an agency or ten	
	be submitted to the agency contact person at the above address within	
	tice of proposed rule adoption and should include the name, address	
	king the request; and if you are an agent or attorney, the name,	
address and telephone number of the party	or parties you represent.	
Economic Impact Statement (Check one box below):		
~ ·	mic impact statement is not required for this rule, or	
✓ The concise summary of the economic im	pact statement required is attached.	
The entire text of the Proposed Rule including the text of	of any rule being amended or changed is attached.	
Date Rule Proposed:June 15, 2006	Proposed Effective Date of Rule: _August 12, 2006	
Sam Dawkins, Director of Office of Health Policy and	Planning	
Printed Name/Title of Person Submitting Rule for F		